

OR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

FORM

DR-2

(Rev. 01/98)

DISCLOSURE

REPORT

For Office Use Only

Comm. #

1213

Indexed

Audited

Computer

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Hean

IMPORTANT: Indicate type of committee you are reporting for: ☒ 4

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A Dec. 31 - Final Report REPORT FOR ANA (1) ELECTION (2) NON-ELECTION YEAR.
 (report date) Indicate one ☒ 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$

192.44

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) _____

0

Schedule F: Loans Received total (Attach Schedule F) _____

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

192.44

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) _____

192.44

Schedule F: Loan Repayments total (Attach Schedule F) _____

0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$

0

UNPAID BILLS (From Schedule D - Attach Schedule D) _____ \$

0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) _____ \$

0

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) _____ \$

0

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

0

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Neighbors for Hean

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/01/02	ID#	First Midwest	Bank fees	
12/31/02	CK#		July - Dec. 2002	\$94.50
12/31/02	ID#	State of Iowa	Late filing penalty	50.00
	CK#			
12/31/02	ID#	Scott County Democrats	final disbursement	47.94
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
SUB-TOTAL				\$
TOTAL (If last page of this schedule)				\$192.44

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(f).)

Page _____ of _____

(for Schedule B)